# Late Contribution Report

**Type or print in ink.
Amounts may be rounded to whole dollars.**

| | |
|---|---|
| **NAME OF FILER**<br>Pilar Schiavo for Assembly 2024 | |

**CALIFORNIA FORM 497**

| | |
|---|---|
| AREA CODE/PHONE NUMBER<br>(916)285-5733 | I.D. NUMBER (if applicable)<br>1457210 |

**Date of This Filing** ___05/02/2023___

Date Stamp

For Official Use Only

**Report No.** ___705003-AT___

STREET ADDRESS

Page 1 of 2

☐ **Amendment to Report No.** _____
(explain below)

| CITY<br>Sacramento | STATE<br>CA | ZIP CODE<br>95815 |
|---|---|---|

**No. of Pages** ___2___

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---|---|---|---|---|
| 05/01/2023 | Bryan for Assembly 2024<br>Los Angeles, CA 90017<br><br>ID# 1456634 | ☐ IND<br>■ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | $5,500.00 |
| 05/01/2023 | Jesse Gabriel for Assembly 2024<br>Los Angeles, CA 90017<br><br>ID# 1456615 | ☐ IND<br>■ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | $5,500.00 |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | |

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

**FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC**

2812762-0

# Late Contribution Report

| | | |
|---|---|---|
| **NAME OF FILER**<br>Pilar Schiavo for Assembly 2024 | **Date of**<br>**This Filing** _____ 05/02/2023 _____ | Date Stamp |

| | | |
|---|---|---|
| AREA CODE/PHONE NUMBER<br>(916)285-5733 | I.D. NUMBER (if applicable)<br>1457210 | **Report No.** _____ 705003-AT _____ |

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STREET ADDRESS

☐ **Amendment**
**to Report No.** _____
(explain below)

Page 2 of 2

| CITY<br>Sacramento | STATE<br>CA | ZIP CODE<br>95815 | **No. of Pages** _____ 2 _____ |
|---|---|---|---|

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>**(IF COMMITTEE, ALSO ENTER I.D. NUMBER)** | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>**(IF APPLICABLE)** |
|---|---|---|---|---|
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Reason for Amendment:

2812762-0